



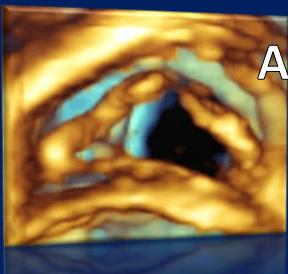
**19<sup>th</sup> ANNUAL** ASCEXAM/ReASCE REVIEW COURSE

**May 5-8, 2018**  
Marriott Copley Place, Boston, MA

ASEcho.org/LiveCourses

 **Course Director**  
Roberto M. Lang  
MD, FASE

 **Course Co-Director**  
Susan E. Wieggers  
MD, FASE





**Tricuspid and Pulmonary Valve Disease: Questions**

**Karima Addetia, M.D.**  
Assistant Professor of Medicine  
University of Chicago





## Question 1

The following statement is true about functional tricuspid regurgitation

1. Tricuspid annular size is inversely correlated with tricuspid regurgitation
2. Volume overload associated with functional tricuspid regurgitation can result in systolic compression of the left ventricle and is visible on short-axis views
3. Right atrial enlargement secondary to atrial fibrillation is a mechanism for functional tricuspid regurgitation
4. Functional tricuspid regurgitation is always associated with tricuspid leaflet tethering

## Question 1

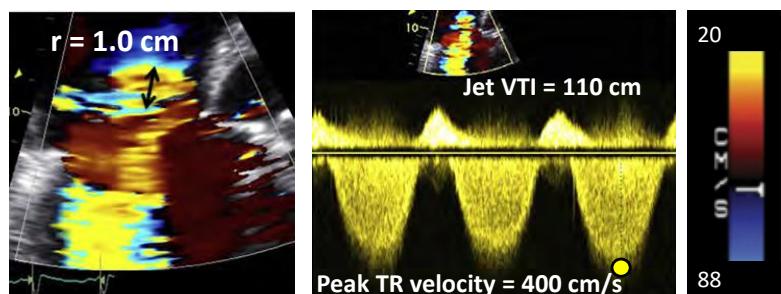
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## Question 2

What is the effective regurgitant orifice area (EROA) in this patient?

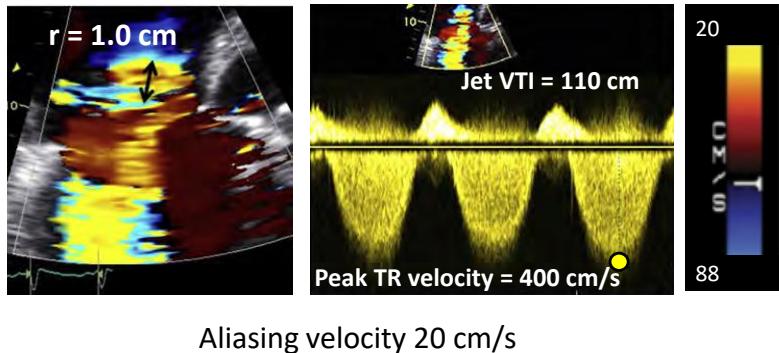
1.  $1.38 \text{ cm}^2$
2.  $0.63 \text{ cm}^2$
3.  $0.31 \text{ cm}^2$
4.  $1.14 \text{ cm}^2$



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Aliasing velocity 20 cm/s

## Question 3

This quantitative method for assessment of regurgitation is acceptable in valves with multiple regurgitant jets

1. Vena contracta
2. Proximal isovelocity surface area
3. Regurgitant volume
4. Reversal of flow in the adjacent vessel

## Question 3

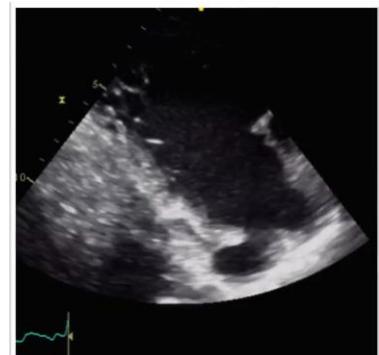
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## Question 4

What is the most likely cause for this patient's regurgitation?

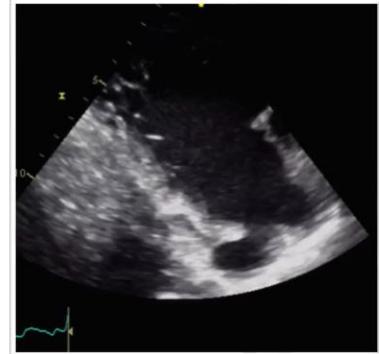
1. Staph aureus endocarditis
2. Severe anterior leaflet prolapse
3. Blunt chest wall trauma
4. Device-lead interference
5. Carcinoid



## Question 4

What is the most likely cause for this patient's regurgitation?

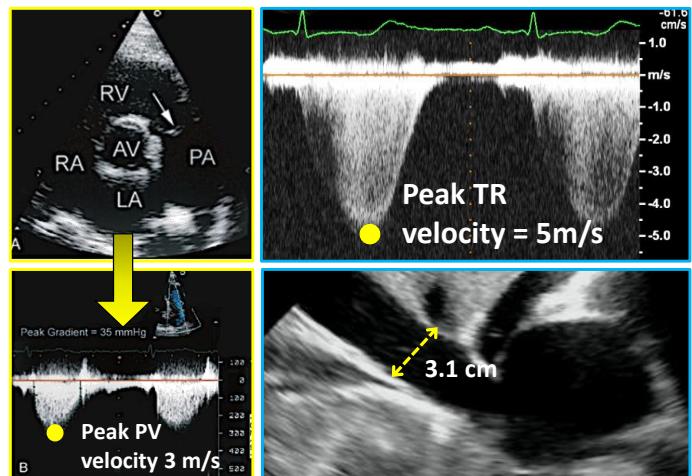
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## Question 5

The given parameters were assessed in the same patient. What is the systolic pulmonary artery pressure in this patient?

1. 100 mmHg
2. 115 mmHg
3. 79 mmHg
4. 64 mmHg



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